Disabled Dependent Questionnaire

Products and financial services provided by
American United Life Insurance Company®
a OneAmerica® company
One American Square, P.O. Box 368
Indianapolis, IN 46206-0368
(317) 285-1877

OneAmerica®

Request for Disabled Dependent Child's Group Life Insurance Past the Limiting Age for determining initial eligibility with AUL, or continuation of inforce coverage with AUL.

Date Child's Insurance effective: _____

The undersigned Employee, currently insured by American United Life Insurance Company® (AUL), a OneAmerica® company, applies for disabled dependent child's group life insurance as indicated above. The Employee understands that coverage of such dependent beyond the termination age specified in the policy is subject to approval by AUL. Initial eligibility of disabled child should be evaluated as of the effective date of the Employee if the disabled child is already at or above the limiting age, or 120 days from the date the disabled child first attains the limiting age if the child is currently covered by AUL. Proof of continued disability/eligibility shall be required not more than once each year thereafter.

Section A.

Group Policyholder Name and #: _____ **G** _____

Your Name (Insured Employee): _____ Relation to Child: _____

Your Social Security #: _____ Your Date of Birth: _____

Your Address: _____ City: _____ State: _____ Zip: _____

Child's Name: _____ Child's Date of Birth: _____

Child's Address: _____ City: _____ State: _____ Zip: _____

1. Child is a ☐ natural born child of the Employee; ☐ legally adopted child of the Employee; ☐ stepchild who lives with the Employee; ☐ child for whom the Employee has legal guardianship, or ☐ child for whom coverage must be provided in accordance with state law or court order.
2. Do you provide 50% or more of principal support of this child? ☐ Yes ☐ No
3. Is child claimed as a dependent on your Federal Income Taxes? ☐ Yes ☐ No
4. Has child been deemed disabled by Social Security? ☐ Yes ☐ No
5. Education level of child: _____
6. Incapacity is due to: Mental Handicap, Diagnosis: _____
   Physical Handicap, Diagnosis: _____

In making this application, I understand any changes in the above child's employment, physical, mental, marital, tax return, etc. status will impact child's eligibility, for coverage. Further I understand that insurance shall terminate for other events outlined in the contract including when the Employee's insurance terminates. I represent any information or documents provided to AUL by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief. The undersigned understands and agrees 1. any insurance coverage or benefits are contingent upon any statements made to AUL as being complete and correct and 2. benefits under any policy will be paid only if AUL decides in its discretion the applicant is entitled to them. The undersigned has read, understand, and retained the notices, limitations, and exclusions for its records.

I understand the attached authorization for release of information must also be included for my request to be evaluated.

Signature of Employee: _____ Date: _____

Phone Number: _____ Email: _____

Disabled Dependent Questionnaire

Products and financial services provided by
American United Life Insurance Company®
a OneAmerica® *company*
One American Square, P.O. Box 368
Indianapolis, IN 46206-0368
(317) 285-1877

OneAmerica®

Section B.

Attending Physician's Statement regarding named child

1. Diagnosis: _____
2. Date condition was first diagnosed: _____ Is patient still under your care: ☐ Yes ☐ No
3. Frequency of treatment: ☐ weekly ☐ monthly ☐ as needed
4. How long has incapacity existed? _____ How long is incapacity expected to last? _____
5. Is patient capable of self-sustaining employment? ☐ Yes ☐ No
6. Comments: _____

_____

_____

Signature of Attending Physician	Specialty	Date

Printed Name of Doctor	Address	City	State	Zip

Fraud Warnings *(For use in AL, AR, DC, LA, NM, TX and WV)*

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment or fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Delaware, Idaho, Indiana, Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any statement of claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of a claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland, Rhode Island

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire, Ohio

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud

New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or any other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.